



REQUEST FOR APPLICATIONS

Grant Name: Public Health Screening for Low Income and At-Risk Women

Granting Agency: Nebraska Department of Health and Human Services
Regulation and Licensure

Funding Source: State of Nebraska General Funds

Project Period: July 1, 2006 – June 30, 2007

Request Issued: May 3, 2006

Proposal Deadline: June 14, 2006

Issuing Office: Office of Family Health
Nebraska Department of Health and Human Services
Regulation & Licensure
301 Centennial Mall South
Lincoln, NE 68509-5044
(402) 471-0196
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PART I. OVERVIEW

A. Background and Purpose of Funding

The Nebraska Department of Health and Human Services Regulation and Licensure announces the availability of public health funds for a grant program as a provision of Section 118 of Legislative Bill 425 of 2005. (See **Attachment A** for complete language). **The purpose of this public health grant funding is to subsidize the provision of pap smears for low-income women and chlamydia/gonorrhea screening and treatment for at risk women.**

Funding support for this public health program comes from State of Nebraska General Funds.

Section 118, LB 425, 2005

Section 118 of LB 425 appropriates \$519,841 in state General Funds for FY 2006-2007 which shall only be used for the following purposes: *“reimbursement for the provision of pap smears, colposcopy, cervical biopsy, cryotherapy, loop electrosurgical excision procedure (LEEP), and such other treatments and procedures as may be developed for the follow-up of abnormal pap smears; the diagnosis and treatment of sexually transmitted disease, including, but not limited to, chlamydia, gonorrhea, HPV (genital warts), and herpes; and associated laboratory and equipment costs and staff training costs relating to the use of colposcopy equipment. None of the General Funds provided under this program shall be used to perform or facilitate the performance of abortion or to counsel or refer for abortion.”*

Based on a public health needs assessment, the Department is making a minimum of \$474,327 available solely for subsidizing pap smears for low income women and for chlamydia/gonorrhea screening and treatment. Reimbursements made through this program are not intended to cover the entire cost of providing pap smears or chlamydia/gonorrhea tests or treatment, or the cost of appropriate follow-up of abnormal pap smears or positive chlamydia/gonorrhea screening tests.

B. Eligible Applicants

1. Eligible Applicants must be a public or private non-profit entity or a federally-recognized Native American Tribe headquartered in Nebraska (Omaha, Ponca, Santee, and Winnebago). A non-profit Applicant proposing to provide services on a Native American reservation or federally-recognized Tribal land must include a letter of support from the applicable Tribal Council.
2. Funds may not be used to supplant existing funds but may be used to expand or enhance existing programs.

C. Funding Period and Availability of Funds

Nebraska Department of Health and Human Services Regulation and Licensure requests grant applications for a one-year period beginning July 1, 2006. The Department reserves the right to reject any or all applications submitted. The minimum amount of funds available for FY 2007 is

\$474,327. The number of projects funded will be dependent on the numbers of acceptable applications received and the potential for serving the greatest number of low-income and at-risk women across the state. Successful applicants will receive an award letter for the twelve-month period based on the proposed program plan. Reimbursements to the successful applicants will be based on actual numbers of women screened.

D. Specific Program Requirements

The reimbursed services listed later in this section must be delivered in accordance with applicable federal and state requirements for licenses, certifications, and permits. These may include, but are not limited to:

- Clinical Laboratory Information Act of 1988 (CLIA) – federal requirements for laboratory services
- 175NAC7 – State of Nebraska regulations for health clinics
- 175NAC8 – State of Nebraska regulations for pharmacies
- 175NAC134 – State of Nebraska regulations for Public Health Clinics Operating with a Drug Dispensing Permit

Furthermore, clinicians providing services shall perform those services within their scope of practice and have current State of Nebraska licenses as applicable.

1. Reimbursement for pap smears

- a) Reimbursement rates will be specified in the award letter, but will be approximately \$10 for each pap smear provided to low income women.
- b) Reimbursement will not be made for pap smears reimbursed by another 3rd party payment source such as Every Woman Matters (EWM) or insurance.
- c) The grantee shall document the income of women in the medical record in order to receive reimbursement. Low-income for the purpose of this project is defined as a woman below 250% of federal poverty guidelines.
- d) Pap smear screening shall be done at the initial or annual visit of the client or at a revisit for a repeat pap smear.
- e) The grantee shall have a written procedure for the notification of patients and follow-up of abnormal pap smears.
- f) The grantee shall be required to submit data monthly that includes the number of low-income women who have a pap smear and their medical record identification number.
- g) For reimbursement purposes, the grantee shall submit a copy of the monthly statement from the cytology lab summary that indicates the number of pap smears performed and a notation on the number covered by other 3rd party reimbursement such as EWM or insurance.

2. Reimbursement for chlamydia/gonorrhea screening
- a) Reimbursement rates will be specified in the award letter, but will be up to approximately \$17 per chlamydia/gonorrhea test (includes \$5 for clinic costs and up to \$12 for laboratory fees not funded or reimbursed by another third party source), and up to \$10 per patient treated for Chlamydia/gonorrhea in the clinic and for whom treatment costs were not funded or reimbursed by another 3rd party source.
 - b) The grantee shall have a written procedure for the notification of positive chlamydia/gonorrhea results.
 - c) The grantee shall have a written procedure for the management of partners. Women with positive chlamydia/gonorrhea screening tests shall be asked to identify partners.
 - d) It is recommended that partners of chlamydia/gonorrhea infected women be presumptively treated—not tested.
 - e) Guidelines for chlamydia/gonorrhea screening shall be followed and are as follows:
 - all females age 10 to 29 with one of the following risk factors:
 - new partner or multiple partners in the last 90 days
 - recent contact to a male with urethritis, known chlamydia/gonorrhea or other STD
 - clinical signs suggestive of chlamydial infection: cervicitis, mucopus, cervical friability, PID
 - e) Reimbursement will not be made for male chlamydia/gonorrhea screening tests.
 - f) Reimbursement will not be made for women age 10 to 29 without a risk factor or for women over the age of 30.
 - h) The grantee shall be required to submit data monthly that includes the number of women screened for chlamydia/gonorrhea with risk(s) (10 to 29 with a risk factor), their medical record identification number, and the number for which laboratory charges were reimbursed or paid by another third party such as Medicaid, insurance, or other public health program.
 - i) The grantee shall keep a log of patients with a positive chlamydia/gonorrhea screening test and then number of partners treated.
 - j) The grantee shall be required to submit data monthly for the number of women positive for chlamydia/gonorrhea, the number treated (those actually given medication in the clinic and those receiving a Rx to be filled).
 - k) The grantee shall be required to submit data monthly for the number of partners treated for chlamydia/gonorrhea (those actually given medication in the clinic and those receiving a Rx to be filled).

- l) Funds shall not be used to perform or facilitate the performance of abortion or to counsel or refer for abortion.
- m) Funds may not be used as match for any federal grants applied for and/or awarded to the grantee.
- n) Quarterly expenditure reports documenting that reimbursements received during the prior quarters were applied towards the appropriate screening costs.
- o) On-site visits will be conducted by Department staff annually for the purpose of monitoring appropriate use of funds.

E. Funding Priorities

This grant program provides funding only for pap smears and chlamydia/gonorrhea screening and treatment. To assure that these services are accessible to low-income and at-risk women, applicants must demonstrate an ability to overcome financial barriers to receiving services. The Department may elect to target areas of high need.

Key Priorities for Scope of Services

The following are the required priorities that must be addressed by applicants responding to this RFA:

- Work plan must directly address pap smears and/or chlamydia/gonorrhea screening and treatment.
- Work plan must demonstrate cultural and linguistic competency
- Work plan must describe methods for informing low-income and at-risk women of availability of low cost services
- Work plan must demonstrate means to reduce financial barriers to accessing services, such as but not limited to sliding-fee scales for office fees
- Work plan must clearly indicate the projected number of women to be reached and the projected number of screening tests to be performed annually

F. Timeline for Submission of Applications, Review, and Notification*

Public Notice of availability of funds	May 3, 2006
Request for Applications issued	May 3, 2006
Letter of intent due	May 24, 2006
Deadline for Applicant Written Questions	June 9, 2006
State Responds to Written Questions	Ongoing
Application deadline	June 14, 2006*
Proposal review	June 15 to June 21, 2006
Tentative awards with any contingencies	June 23, 2006
Contingencies due	June 30, 2006
Final award letters	July 1, 2006
Project period begins	July 1, 2006*

* Confirmed dates; all other dates are approximate.

G. Letter of Intent

If you intend to submit an application for this grant program, please notify the HHS R&L, Office of Family Health in writing **by May 24, 2006**. Specify in your correspondence a reference to the grant program, the name and address of applying organization and the name, phone number and email address of a contact person at your organization. **While the submission of the letter of intent is optional (i.e. not required), it assists HHS R&L staff in determining logistical needs for the application review process. You may indicate in writing your intent to apply in one of three ways:**

Fax: (402) 471-7049 ATTN: Paula Eurek

Mail: Public Health Screening for Low Income Women
Department of Health and Human Services Regulation & Licensure
Office of Family Health
P.O. Box 95007
Lincoln, NE 68509

Email: paula.eurek@hhss.ne.gov

H. Questions

Any explanation desired by an applicant regarding the meaning or interpretation of any provision of this Request for Proposal must be in writing and may be submitted to the point of contact at the address listed below through June 9, 2006. This format allows more specific needs of Applicants to be addressed throughout the proposal period. **In the interest of consistency and fairness, person-to-person or telephone questions will not be accepted.**

Questions may be transmitted by one of the methods listed below (listed in order of preference) and clearly marked **“Public Health Screening for Low Income and At-Risk Women RFA Question”**. Due to the response time, email or fax communication is preferred and strongly encouraged. Responses to questions will be on the Office of Family Health web site at:

www.hhs.state.ne.us/fah/fahindex.htm . The site will be updated every 72 hour period, Monday-Friday excluding holidays. Please check the site before submitting questions as the question may have already been asked and answered. Facsimiles sent to the HHS R&L, Office of Family Health at (402) 471-7049, must include a cover sheet clearly indicating the number of pages transmitted. Facsimile must also reference the RFA for the Grant Program on the cover sheet. The State assumes no liability for assuring accurate or complete facsimile transmission or receipt.

Methods for submitting questions (in order of preference):

- By e-mail to: paula.eurek@hhs.ne.gov
- By Fax to (402) 471-7049
- Mail: Office of Family Health, Attention: Paula Eurek
Nebraska Department of Health and Human Services Regulation and Licensure
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509

I. Communication With Staff

From the date the RFA is issued until a determination is made and announced regarding the selection of recipients, contact between potential recipients and individuals employed by the Department is restricted only to written communication with the staff designated specifically to the RFA. Violation of this condition may be considered sufficient cause to reject an organization's application and/or selection irrespective of any other condition.

J. Submission of Applications

The following describes the requirements related to application submissions, application handling and review by the Department.

To facilitate the application evaluation process, one (1) signed original and two (2) copies of the entire application should be submitted by the application due date and time. Applications must be mailed to the address and attention of the contact listed under sub heading "G", "Letter of Intent".

Emphasis should be concentrated on conformance to the Request for Applications instructions, responsiveness to requirements, completeness and clarity of content. If the respondent's application is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process. Elaborate and lengthy applications are neither necessary nor desired.

Other requirements for submission are:

- Use the checklist (**Attachment B**) to assure that all requirements for a complete application have been met at the time the proposal is submitted. Incomplete applications will not be reviewed.
- Applications must be presented unbound and on standard 8½ x 11 inch paper, except that charts, diagrams and the like may be on fold-outs, which, when folded, fit into the 8½ x 11 format. Pages must be consecutively numbered for the entire application, figures and tables must be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text. Pages should be one-sided and text typewritten, single spaced with margins set at 1". Use a standard font size 12 inch easily-read typeface, such as Times New Roman (as in this document), Arial, or Universal. Do not use a condensed font.
- The Cover Sheet and Work Plan must follow the required format, and all must be included in the proposal. (Originals of all forms and formats can be found in the Attachment section and may be duplicated.) Failure to comply with this requirement will unnecessarily delay the review process and potentially increase the chance of misinterpretation of the application.
- Include a Table of Contents with page numbers referenced in the application. The Table of Contents should follow the same headings as the application.
- Do not place the original or copies in a binder, folder, or notebook.
- Do not include brochures or any attachments other than the required sections as instructed in this document. The requirements may be submitted as part of the application, or attached and incorporated by reference in the text. Other acceptable attachments include, as relevant to an application and as instructed in this document: proof of non-profit IRS status, Memorandum(s) of Understanding, and Letters of Support.
- Submission by fax, e-mail, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications.

Mail the complete, signed original and two copies, with **proof of mailing on or before June 14, 2006**. Proof of mailing on or before the closing date will be strictly observed. Additions or corrections will not be accepted after the closing date. Applicants are strongly encouraged to use registered mail or at least first-class mail.

Do not send third class or book rate. For security reasons, the envelope must bear a return address and be addressed to:

Office of Family Health –Public Health Screening for Low Income and At Risk Women
Nebraska Department of Health and Human Services Regulation and Licensure
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509

Applications must show proof of mailing by the deadline. Keep a copy for your documentation. Proof of mailing consists of one of the following three options through either the U.S. Postal Service or a commercial carrier:

1. U.S. Postal Service

- Legibly dated U.S. Postal Service postmark printed or stamped on the envelope. (Note: The U.S. Postal service does not uniformly provide a dated postmark. Check with the local post office in advance before relying on this method of delivery).
- A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.

2. Commercial Carrier

- A dated shipping label, invoice, or receipt from a commercial carrier, e.g. Federal Express

The following methods are not valid proof of mailing:

- A private metered postmark;
- A mail receipt that is not dated by the U.S. Postal Service.

Organizations whose applications have been received, with proof of mailing on or before the deadline, will receive a postcard acknowledgement within 7 days of receipt of the application. Applicants who do not receive this postcard acknowledgement within that timeframe, should contact the Office of Family Health by email to paula.eurek@hhss.ne.gov or fax to (402) 471-7049.

Applications hand delivered or by courier service will be received during business hours (8:00 a.m.-5:00 p.m.), CST., Monday-Friday, excluding state-observed holidays). Hand delivery or courier service will be received at the 3rd floor reception desk, NHHS, 301 Centennial Mall South, Nebraska State Office Building, Lincoln, Nebraska. Applications transmitted by hand delivery or courier must be received at NHHS no later than **5:00 p.m. on June 14, 2006.**

K. Rejection of Applications

The State reserves the right to reject any or all applications, wholly or in part and to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application and do not improve the applicant's competitive position. All-awards will be made in a manner deemed in the best interest of the state.

L. Application Evaluation

Applications mailed/delivered on or before the closing date will be logged in, then screened for compliance with the requirements as detailed in this Request for Applications. Applications with an omission of any required section, form, signatures, or that fail to use required forms or

formats, may not advance to the next level of review. Late applications will be rejected and not advanced for further review.

Each application advancing from the initial screening will be reviewed and scored by multiple reviewers. Reviewers will score and comment on applications using specified Review Criteria (See **Attachment D**). A Review Summary, used to rank applications, will be compiled for each reviewed application from individual reviewer's scores and identified strengths and weaknesses of the application.

The Department will conduct a fair, impartial and comprehensive evaluation of all applications in accordance with the criteria set forth below. The evaluation process must comply with the terms and conditions, for competitive applications. The criteria for determining the responsiveness level of each applicant shall include but not be limited to:

1. Responsiveness to this RFA
2. Priorities identified through the needs assessment
3. Appropriateness of the work plan in addressing these priorities
4. Ability of the applicant to carry out the application as demonstrated in the Management Plan and quality of performance of applicant on prior projects

The Department additionally will consider relative risk for screened diseases among geographic areas and specific populations in making final determinations of awards.

M. Evaluation Committee

Applications will be independently evaluated by members of an Evaluation Committee consisting of members selected by the Director of HHS Regulation and Licensure. Committee members will be responsible for reviewing and scoring the applications and making a recommendation of funding to the Director. Names of Evaluation Committee members and any working documents will not become public information. No individual member of the State, employee of the State or member of the Evaluation Committee is empowered to make binding statements regarding this Request for Applications.

N. Mandatory Requirements

The applications will first be examined to determine if all mandatory requirements listed below have been addressed to warrant further evaluation. Applications not meeting mandatory requirements may be excluded from further evaluation. The mandatory requirement items are as follows:

1. The signed Request for Applications form (Cover Sheet);
2. Work Plan and project narrative
3. Terms and Assurances with signed certifications

O. Technical Evaluation/Weights and Scoring

All responses to this Request for Applications which fulfill all mandatory requirements will be evaluated. Each category will have a maximum possible point potential. Areas that will be addressed and scored during the technical evaluation include:

1. Needs Assessment;
2. Project Work Plan;
3. Description of Activities; and
4. Project Management Plan;

P. Notification

Applicants will be notified in writing of the funding decisions, whether selected or denied. If selected, the initial award letter may be tentative, pending satisfactory resolution of any requirements. A tentative award letter will be accompanied by a list stating requirements, actions needed to satisfy the requirements, and a required due date for response. If the requirements are not satisfactorily met by the due date, NHHS R&L reserves the right to rescind the tentative award. A final award letter will be issued when all requirements have been satisfactorily met.

Applicants may request a copy of the Review Summary for their proposal.

Q. Integration

The RFA (including all attachments), the grant application including the Terms and Assurances and signed Certifications (and addenda if any), and the tentative and/or final award letter, and the response to any requirements stated in a tentative award letter, represent the entire agreement between the Grantee and HHS R&L, and any prior or contemporaneous representations, promises, or statements by the Grantee or HHS R&L, that are not incorporated herein shall not serve to vary or conflict the terms of this Grant Award.

PART II. APPLICATION CONTENT

Part II. of this document is meant as a guidance for Applicants in preparing the proposed project application. Descriptions and specifics for each subsection are given and, where appropriate, required forms and other criteria are referenced. Originals of these forms can be found in the Attachment section of this document and may be reproduced for Applicant use.

An applicant's response to this RFA should reflect the nature of this project in that it is a grant program that increases access to pap smears for low-income women and chlamydia/gonorrhea screening and treatment for at-risk women.

It is recommended that the project narrative sub sections be assembled in the order given below. This allows for uniform and timely review and evaluation of the proposal.

- **Assessment of Need:** A valid assessment of needs identifies and documents the “community’s” resources and strengths, as well as its unmet health needs or any gaps in services. Assessing the health need takes a snapshot of the present, but seeks to understand what led to the present condition. This process involves a careful analysis of the precursors (what has or is occurring that creates the need) and the dimension of the need. Another aspect of assessment looks beyond the health need itself and towards what is being done about it. The assessment looks at the adequacy of existing services to address the need by targeting the precursors or minimizing their effects.

This subsection should conclude with a list of at least two priority needs relative to the grant program’s services for women for the assessed area and the proposed project’s specific goals and measurable objectives in meeting those needs.

- **Work Plan:** Consider if the results of the assessment can be addressed by providing the proposed services to the target population in the community assessed. The formal work plan is a result of a planning process. Use the required form (see **Attachment D**) and format. Specific instructions are located in Part III of this document – “Required Format”.
- **Description of Activities:** This section augments the Work Plan by providing in narrative form, details about the proposed services. At a minimum, describe the following aspects.
 - 1) The methodology for assuring financial access to low-income and at-risk women.
 - 2) The population(s) to be served within the proposed geographic area to be reached and how the population(s) will be informed of services.
 - 3) How services will be provided in a culturally and linguistically-competent manner.
 - 4) How “Specific Program Requirements,” Part I Section D will be met.

- **Management Plan** – The Management Plan describes the procedures for successfully managing the proposed activities from the Work Plan. Charts, tables, and/or flow charts are particularly helpful in developing a Management Plan and to clearly communicate the Management Plan to reviewers. More specific guidelines are located in “Part III. Required Format ”.

PART III. REQUIRED FORMAT

Part III provides information and guidance regarding format and content required for the grant application not otherwise previously addressed in Part I or II. In particular, it describes critical relationships between the major components of the application. Each subheading contains key information about page limits and use of required forms, if any.

A. Cover Sheet -- Page limit: 1 page. Use required form (ATTACHMENT D)

Review the Grant Terms and Assurances [See Attachment F] before preparing and completing the Cover Sheet. By submitting and signing the Cover Sheet, the Applicant agrees that if a grant is awarded, it will operate the program as described in the proposal for funding in accordance with the grant Terms and Assurances. The cover sheet must be signed by an individual authorized by the Applicant to sign legally-binding documents. Provide all information requested on the cover sheet.

B. Project Narrative

The focus of the application rests in the “project narrative” component. It is in this section the Applicant will lay out and describe their program plan for services for women. Project narratives must include the following sub sections:

- **Assessment of Needs** -- Page limit: 2 pages. See Part II, page 12 of this RFP, for the specific details regarding Assessment of Needs.
- **Work Plan** -- Page limit: Not applicable, i.e. use the number of pages necessary to adequately show the proposed activities . Use required form/format (Attachment D). The Work Plan must contain specific measurable objectives and list the activities for each objective.
- **Description of Activities** -- Page limit: 5 pages . See Part II., “Application Content” on page 12 of this document for specific details regarding Description of Activities for the selected delivery option.
- **Management Plan** -- Page limit: 3 pages The Management Plan describes the procedures for successfully managing the proposed activities from the Work Plan. Consider potential barriers and how those barriers will be addressed, if not addressed elsewhere, in the Management Plan. Charts, tables and flow charts are particularly helpful in developing a Management Plan and to clearly communicate the Management Plan to reviewers. At a minimum, the Management Plan will include the following:
 - ✓ Organization chart; using the organizational chart, identify the roles, relationships, and routines needed to successfully manage the proposed Grant-funded activities;
 - ✓ A clear statement of the responsibilities and qualifications of the person(s) who will be involved in the grant-funded efforts, as follows:
 - A. Finance operations
 - management/oversight
 - accounting/financial reporting
 - B. Program operations
 - management/oversight

- implementation and reporting of the Work Plan activities
- ✓ Identification, by name if available, of the key person(s) who will implement and monitor the grant-funded activities in both finance and program operations;
- ✓ For any collaborative activities for which the Applicant is relying on persons or agencies other than representatives of the Applicant for the success of the proposed work, a Memorandum of Understanding must be developed which clearly delineates the commitment of the partners. Attach copies of Memorandum(s) of Understanding to the application. Note: The agreement with persons or agencies who receive payments must be formalized in a contract. Memorandum(s) of Understanding apply to non-paid collaborative partners.
- ✓ If a private non-profit organization, proof of status must be provided.

C. Grant Terms and Assurances, including Certifications

Page limit: not applicable. Use the required forms [Attachment F]. The Grant Terms and Assurances including its Exhibits 1, 2 and 3 and the signed Certifications must be included in the Application. Note: except for the certifications, these documents do not require signatures. Signatures are required only on the Cover Sheet and on the certifications.

D. Letters of Support

Page limit: Not applicable, i.e. submit as appropriate. Letters of support *may* be submitted, except for the required Letters of Support from the Tribal Council on whose reservation or federally-recognized land a non-profit Applicant proposes activities.

Attach Letters of Support from persons or organizations which demonstrate support of the proposed activities which is not otherwise or sufficiently represented in either the application or any attached Memorandum(s) of Understanding. Letters of Support are optional, and if attached, do not replace the requirement for Memorandum(s) of Understanding as described in the Management Plan section.

PART IV. GRANTING REQUIREMENTS

A. Grant Terms and Assurances

Compliance with the Grant Terms and Assurances and its Exhibits [Attachment F] are requirements for Applicants who receive notification of the acceptance of their application and accept grant funds. Recipients who propose to use these Grant funds to contract with another entity must obtain and maintain signed certifications found in the Terms and Assurances from each subcontractor.

B. Reporting

Monthly reporting is to include:

1. Number of low income women having a pap smear and the medical record identification number for each woman
2. A copy of the monthly statement from the cytology lab summary that indicates the number of pap smears performed and a notation on the number covered by other 3rd party reimbursements such as EWM or insurance
3. The number of women screened for chlamydia/gonorrhea with risk(s) (10 to 29 with a risk factor), their medical record identification number, and the number whose laboratory costs were reimbursed or paid by another 3rd party.
4. The number of women positive for chlamydia/gonorrhea, the number treated (those actually given medication in the clinic with indication of those whose medication was funded or reimbursed by another 3rd party source, and those receiving a Rx to be filled).
5. The number of partners treated for chlamydia/gonorrhea (those actually given medication in the clinic with indication of those whose medication was funded or reimbursed by another 3rd party source, and those receiving a Rx to be filled).

Quarterly reporting is to include;

1. The **Program Report** – This component must address all the specific objectives from the Work Plan.
2. Expenditure reports documenting that reimbursements received during the prior quarter were applied towards the appropriate screening costs.

Recipients will follow the reporting time-table set forth as Exhibit 1 in the Terms and Assurances.

Timely reporting serves the following purposes:

- Regular reporting assists in establishing a systematic framework for recipients to monitor and evaluate their program/project.
- Reports are reviewed by program staff to comply, in part, with recipient monitoring requirements that the Department is charged with as entity administering the state grant funds.
- Reporting is one source of ongoing communication that allows recipients to keep the administering program office informed. Technical assistance needs may be identified in the reporting process.
- Reporting is needed to accomplish reimbursement of recipients' tests conducted as part of the Program. Testing reports must be submitted on a quarterly basis.

ATTACHMENTS


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Legislative Bill 425, 2005
Section 118. Agency No. 26 – Department of Health and Human Services
Finance and Support
Program No. 514 – Health Aid

There is included in the appropriation to this program \$504,700 General Funds for FY2005-06 and \$519,841 for FY2006-07, which shall be used for the following purposes: Reimbursement for the provision of pap smears, colposcopy, cervical biopsy, cryotherapy, loop electrosurgical excision procedure (LEEP), and such other treatments and procedures as may be developed for the follow-up of abnormal pap smears; the diagnosis and treatment of sexually transmitted diseases, including, but not limited to, chlamydia, gonorrhea, HPV (genital warts), and herpes; and associated laboratory and equipment costs and staff training costs relating to the use of colposcopy equipment. None of the General Funds provided under this program shall be used to perform or facilitate the performance of abortion or to counsel or refer for abortion.

APPLICATION REQUIREMENTS CHECKLIST

Applicants should carefully review this Checklist to assure that **all requirements have been met**. This form is for Applicant use; it does not need to be submitted with the organization's grant application.

<u>Critical Elements</u>	
Cover Sheet – Use the required form. This must be signed by an official of the Applicant with authority to legally bind Applicant to the Terms and Assurances of this grant of financial assistance.	
Assessment of Needs – This element explains why the proposed activities in the Work Plan are important. This section concludes with a minimum of two priority needs listed relative to the proposed project.	
Work Plan -- Use the format specified in the Request for Proposals to demonstrate an overview of the proposed activities, when the activities will occur, and who will be responsible to meet the objectives and goals. Work Plan must reflect the proposed project's specific goals and measurable objectives.	
Description of Activities – This element enhances the Work Plan by providing narrative details about the proposed activities.	
Management Plan – Submit a Management Plan incorporating required inclusions for this section as outlined in the RFA.	
Grant Terms and Assurances including Certifications – if awarded, recipients must fully comply with the Grant Terms and Assurances. Understand all requirements before signing the Cover Sheet and the Certifications. The certifications must be signed by an authorized official of the Applicant.-	

Review Criteria

Maximum points for each category:

A. Need for the Proposed Work (maximum 30 points) – Applicant has successfully identified the needs of the target population. An evaluation of existing projects/services should be incorporated into the assessment of needs for the proposed work. Applicant has assessed the ability to carry out the proposed plan and has appropriately prioritized identified needs.

Scoring Considerations:

- Assessment clearly describes geographic area and population to be served under the proposed program. Description is supported by demographic and relevant health data.
- Assessment includes an objective analysis of the precursors (history) that have contributed to the current needs
- Identified needs are supported by appropriate and correctly analyzed data.
- Needs component includes an inventory and evaluation of existing services relevant to the proposed program.
- Assessment component concludes with the listing of a minimum of two priority needs and related objectives. Objectives are time-framed and measurable.

B. Quality of Project Design (maximum 50 points) – Based on effective planning, Applicant has developed a realistic work plan with measurable objectives and activities to accomplish objectives, all which relate to addressing the needs identified. Activities clearly described and appropriate to meeting identified needs.

Scoring Considerations:

- Priority needs identified are addressed in proposed project goals.
- Objectives are ambitious but realistic, time-framed and measurable.
- Responsible staff and timeline for accomplishment of activities clearly identified in work plan.
- Scope of work addresses:
 - Target population
 - Follow-up procedures
 - Identification and reduction of financial barriers
 - Strategy and mechanism for outreach and promotion
 - Addresses provision of culturally and linguistically-competent care
 - All program requirements in Part I Section D

C. Organizational Capacity (Management Plan) (maximum 20 points) - Capacity will be determined by the information provided in the Management Plan and past performance of an Applicant in any current and/or prior grants, contracts, cooperative agreements, or subcontracts with NHHSSS. The Applicant must demonstrate the capacity to complete the Work Plan, submit timely and accurate reporting, and generally manage the operations supported with grant funds.

Scoring Considerations:

- Applicant provides description of status as a public or private non-profit organization. If a private non-profit, provides documentation of same
- Name and qualifications of key personnel relative to the proposed project are included. Responsibilities specific to financial and program operations are defined.
- Applicant describes methodology for meeting the requirement that grant funds not be used to perform or facilitate the performance of abortion or to counsel or refer for abortion.
- Management plan illustrates capacity to implement and operate proposed program work plan.

Review Summary

Applicant: _____ Reviewer _____

REVIEW CRITERIA	POSSIBLE POINTS	POINTS SCORED
A. Need for Proposed Work – Comments	30 points Excellent = 24 - 30 V Good = 18 - 23 Good = 12 - 17 Fair = 6 - 11 Poor = <6	
B. Quality of Project Design – Comments	50 points Excellent = 41 - 50 V Good = 31 - 40 Good = 21 - 30 Fair = 11 - 20 Poor = <10	
C. Organizational Capacity – Comments	20 points Excellent = 17 - 20 V Good = 13 - 16 Good = 9 - 12 Fair = 5 - 8 Poor = <5	
TOTAL POINTS	100 Points Possible	

Recommendation: ☐ Approve ☐ Disapprove ☐ Approve with contingencies, *as follows:*

**PROGRAM
WORK PLAN**

PROJECT NAME: _____ **GOAL: #** _____

Objective	Activities FY2007	Resources		Timeline Year <u>One</u>											
		People	Other	---- Q1 ----			---- Q2 ----			---- Q3 ----			---- Q4 ----		
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

COVER SHEET

Nebraska Department of Health and Human Services
 Regulation and Licensure
 Section 118 of LB 425, 2005 – Grant Program – FY 2007

Title of Applicant's Program_____

**Applicant
 Organization**_____

Federal Tax Identification Number_____

Address_____ **City/Zip**_____

Phone Number_____ **Fax**_____

By Submitting and signing this application, the Applicant agrees that if a grant is awarded, it will operate the program as described in the Grant Application for funding in accordance with the Grant Terms and Assurances (Attachment F).

Name of Authorized Official (Please Print)_____

Signature of Authorized Official_____

Title_____

Project Director or Contact Person:

Financial Officer:

Name_____

Name_____

Title:_____

Title_____

Address:_____

Address:_____

Phone_____ **Fax**_____

Phone_____ **Fax**_____

Email_____

Email_____

	FY 2007 Funding Request
Number of Pap Smears to be reimbursed _____ X \$10	
Number of Chlamydia/Gonorrhea Tests to be reimbursed: Clinic Costs _____ X \$5 + Laboratory Tests _____ X \$12	
Number Treated in clinic for Chlamydia/gonorrhea: _____ X \$10	
Total Funding Request	

Contents of this Attachment

GRANT TERMS AND ASSURANCES:

Exhibit 1: Recipient Reporting Requirements

Exhibit 2: Program Specific Requirements

Exhibit 3: NDHHS Administrative & Audit Guidance for Grants and Subgrants

Certifications (*signatures required*):

- Nebraska Health and Human Services Audit Requirement Certification *
- Certification Regarding Environmental Tobacco Smoke *
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion *
- Certification Regarding Drug-Free Workplace Requirements *

*** Signature required**

GRANT TERMS AND ASSURANCES
Nebraska Department of Health and Human Services
Regulation and Licensure (NHHSR&L)
Nebraska Health and Human Services System (NHHS)

This Grant is supported through State General Funds. By accepting this grant, the Recipient agrees to comply with the terms and conditions described herein.

SECTION I. OPERATIONAL TERMS AND ASSURANCES

- A. Programs. Recipient must operate the program(s) in compliance with the documents governing the award. The following documents and any revisions made during the program period govern the grant and are hereby incorporated by this reference as though fully set forth herein.
- 1) Nebraska Department of Health and Human Services Regulation and Licensure (NHHSR&L) Request for Application;
 - 2) Recipient Project(s) Application;
 - 3) Recipient Reporting Requirements (Exhibit 1);
 - 4) Program Specific Requirements (Exhibit 2);
 - 5) NHHSR&L Administrative and Audit Guidance for Grants and Subgrants (Exhibit 3) and the attached certifications; and
 - 6) NHHSR&L's letter of award which includes the award period, amount of funds awarded, and any contingencies to the grant award.
- B. Reports. Recipient must submit data, program, and financial reports according to the reporting requirements (Exhibit 1). Extensions for the submission of reports and reimbursement **must be submitted in writing** to NHHSR&L for approval to prevent withholding of payment.
- C. Administrative Requirements. Recipient must perform grant activities, expend funds, and report financial and program activities in accordance with Federal grants administration regulations, U.S. Office of Management and Budget Circulars governing cost principles and audits (Exhibit 3), and comply with, complete, and return the certifications attached hereto.
- D. Drug-Free Workplace. The Recipient hereby assures the NHHSR&L that it will operate a drug-free workplace in accordance with State guidelines and has implemented a drug-free workplace policy, which is available to the NHHSR&L upon request.
- E. Program Specific Requirements. Grant activities must comply with any program specific requirements included in NHHSR&L's Request for Application and Exhibit 2.
- F. Reimbursement. Recipient must submit claims for reimbursement for actual, allowable, allocable and reasonable expenditures in accordance with the approved application. NHHSR&L will make reimbursement, subject to the following conditions:

- 1) Recipient's submission of reports according to the reporting requirements described in Exhibit 1.
- 2) Availability of governmental funds to support this project. In the event funds cease to be available, this Grant shall be terminated, or the activities shall be suspended until such funds become available, in the sole discretion of NHHSR&L.
- 3) Pursuant to the Nebraska Prompt Payment Act.
- 4) Suspension or termination for cause or convenience as described in the federal grants administration regulations applicable to the Recipient.
- 5) Cash advances may be requested in writing with justification of anticipated expenses.

G. Programmatic changes. The Recipient shall request in writing NHHSR&L approval for programmatic changes. NHHSR&L shall send a written determination regarding the request to the Recipient within 30 days of its receipt.

H. Technical Assistance. NHHSR&L will provide training and materials, procedures, assistance with quality assurance procedures, and site visits by representatives of NHHSR&L in order to review program accomplishments, evaluate management control systems and other technical assistance as needed or requested.

I. Recipient Procurement. Recipient shall be the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues, without recourse to NHHSR&L, arising out of procurement entered into by it in connection with the grant. Such issues include, but are not limited to, disputes, claims, protests of award, source evaluation and other matters of a contractual nature.

J. Grant Close-out. Upon the expiration or notice of termination of this grant, the following procedures shall apply for close-out of the grant:

- 1) Upon request from recipient, any allowable reimbursable cost not covered by previous payments shall be paid by NHHSR&L
- 2) Recipient shall make no further disbursement of funds paid to recipient, except to meet expenses incurred on or prior to the termination or expiration date, and shall cancel as many outstanding obligations as possible. NHHSR&L shall give full credit to recipient for the federal share of non-cancelable obligations properly incurred by Recipient prior to termination.
- 3) Recipient shall immediately return to NHHSR&L any unobligated balance of cash advanced or shall manage such balance in accordance with NHHSR&L instructions.
- 4) Within a maximum of 90 days following the date of expiration or termination, Recipient shall submit all financial, performance, and related reports required by the terms of the Agreement to NHHSR&L. NHHSR&L reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.

- 5) NHHSR&L shall make any necessary adjustments upward or downward in the State share of costs.
- 6) The Recipient shall assist and cooperate in the orderly transition and transfer of grant activities and operations with the objective of preventing disruption of services.
- 7) Close-out of this grant shall not affect the retention period for, or state or federal rights of access to, Recipient records. Nor shall close-out of this grant affect the Recipient's responsibilities regarding property or with respect to any program income for which recipient is still accountable under this grant. If no final audit is conducted prior to close-out, NHHSR&L reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowance resulting from an audit which may be conducted at a later time.

SECTION II. GENERAL TERMS AND ASSURANCES

A. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, appendices, and exhibits referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Grant as though fully set forth herein.

B. Independent Legal Entity. The Recipient is an independent Legal Entity and neither it nor any of its employees shall be deemed employees of NHHSR&L for any purpose. The Recipient shall employ and direct such personnel as it requires to perform its obligations under this grant, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability, and other federal, state, county, and municipal laws, ordinances, rules, and regulations required of an employer providing services as contemplated by this grant.

C. Release and Indemnity.

- 1) The Recipient shall assume all risk of loss and hold NHHSR&L, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this grant, and proximately caused by the negligent or intentional acts or omissions of the recipient, its officers, employees or agents; for any losses caused by failure by the recipient to comply with terms and conditions of the grant; and, for any losses caused by other parties which have entered into agreements with the recipient.
- 2) The NHHSR&L, if liable, is limited to the extent provided by the Nebraska Tort Claims Act, and the Nebraska Miscellaneous Claims Act; and any other applicable provisions of law. The NHHSR&L does not assume liability for the action of its Contractors.

D. Acknowledgment of Support. Publications by the Recipient, including news releases and articles, shall acknowledge the financial support of NHHSR&L by including a statement therein that, **"This project is supported in part by funds awarded to the (recipient) by the Nebraska Department of Health and Human Services Regulation and Licensure."**

E. Data Ownership and Copyright. All data collected as a result of this project shall be the property of the NHHSR&L. The Recipient may copyright any of the copyrightable material

produced in conjunction with the performance required under this Grant. The NHHSR&L hereby reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for State purposes.

F. Notices. All notices given under the terms of this Grant shall be sent by United States mail, postage prepaid, addressed to the respective party at the address set forth on the signature page hereof, or to such other addresses as the parties shall designate in writing from time to time.

G. Authorized Official. The person executing the Application Cover Sheet is an official of the recipient who has the authority to bind the Recipient to the terms and assurances of this grant of financial assistance.

H. Public Counsel. In the event the Recipient provides health and human services to individuals on behalf of NHHSR&L under the terms of this Grant, Recipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§81-8,240 to 81-8,254 with respect to the provision of services under this grant. This clause shall not apply to grants or contracts between NHHSR&L and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

I. Nondiscrimination. The Recipient acknowledges that the Grant activities must be operated in compliance with civil rights laws and any implementing regulations, and makes the following assurances.

The Recipient warrants and assures that it complies as applicable to it with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, to the effect that no person shall, on the grounds of race, color, national origin, sex, age, handicap or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity of the Recipient.

The Recipient and any of its subcontractors shall not discriminate against any employee or applicant for employment, to be employed in the performance of this grant with respect to hire, tenure, terms, conditions or privileges of employment because of the race, color, religion, sex, disability or national origin of the employee or applicant. The Recipient further agrees to insert similar provisions in all subcontracts or subgrants utilized in the performance of this grant.

J. Subcontractors or Subgrantees. The Recipient agrees that subcontractors or subgrantees will not be utilized in the performance of this Grant unless the Recipient has obtained prior written authorization for the use of subcontractors or subgrantees from the NHHSR&L.

K. Availability of Funding. Due to possible future reductions in State appropriations, the NHHSR&L cannot guarantee the continued availability of funding for this Grant notwithstanding the consideration stated above. In the event funds to finance this Grant become unavailable either in full or in part due to such reductions in appropriations, the NHHSR&L may terminate the Grant or reduce the consideration upon notice in writing to the Recipient. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The NHHSR&L shall be the final authority as to the

availability of funds. The effective date of such grant termination or reduction in consideration shall be specified in the notice as the date of service of said notice or the actual effective date of the funding reduction, whichever is later. Provided that reductions shall not apply to payments made for services satisfactorily completed prior to said effective date. In the event of a reduction in consideration, the Recipient may cancel this Grant as of the effective date of the proposed reduction upon provision of advance written notice to the NHHSR&L.

L. Access to Records and Audit Liability. All Recipient books, records, and documents relating to work performed or monies received under this Grant shall be subject to audit at any reasonable time upon the provision of reasonable notice by the NHHSR&L. These records shall be maintained for a period of six (6) full years from the date of final payment, or until all issues related to an audit, litigation or other action are resolved, whichever is longer. All records shall be maintained in accordance with generally accepted accounting practices.

In addition to, and in no way in limitation of any obligation in this Grant, the Recipient shall agree that it will be held liable for audit exceptions, and shall return to the NHHSR&L all payments made under this Grant for which an exception has been taken or which has been disallowed because of such an exception. The Recipient agrees to correct immediately any material weakness or condition reported to the NHHSR&L in the course of an audit.

M. Termination.

- 1) **Termination Due to Loss of Funds:** The NHHSR&L will terminate the Grant in full or in part, at the discretion of the NHHSR&L, in the event the NHHSR&L suffers a loss of the funding which permits it to fund this Grant. In the event the NHHSR&L suffers such a loss of funding, the NHHSR&L will give the Grantee written notice, which will set forth the effective date of full or partial termination, or if a change in funding is required, setting forth the change in funding and the changes in approved budget.
- 2) **Termination by Mutual Consent:** This Grant may be terminated in whole or in part, prior to the completion of the Recipient's project activities, when both parties agree that continuation is not feasible or would not produce beneficial results commensurate with the further expenditure of funds. The parties must agree on the termination conditions, including effective date and the portion to be terminated. The Recipient will not incur new obligations for the terminated portion after the effective date, and will cancel as many outstanding obligations as possible. If a release of funds has been achieved, the NHHSR&L will make funds available to the Recipient to pay for allowable expenses incurred before the effective date of termination.
- 3) **Termination for Cause:** In the event of a default or violation of the terms of this Grant by the Recipient or failure to use the Grant for only those purposes set forth, the NHHSR&L may take the following action:
 - (a) **Suspension** - After notice to the Recipient, suspend the Grant and withhold any further disbursement or prohibit the Recipient from incurring additional obligations of Grant funds, pending corrective action by the Recipient.
 - (b) **Termination** - Terminate the Grant in whole, or in part, at any time before the date of completion, whenever it is determined that the Recipient has failed to

comply with the terms and conditions of the Grant. The NHHSR&L will promptly notify the Recipient in writing of the determination and the reasons for the termination, together with the effective date.

Payments made to the Recipient or recoveries by the NHSSR&L under this subsection, will be in accordance with the legal rights and liabilities of the parties.

Payments and recoveries may include, but are not limited to, payments allowed for costs determined to be not in compliance with the terms of this Grant up to the date of termination. The Recipient will return to the NHSSR&L all unencumbered funds. Further, any costs previously paid by the NHHSR&L which are subsequently determined to be unallowable through audit and close-out procedures may be recovered pursuant to subsection I(J) of these Terms and Assurances or deducted from future grant awards.

- 4) **Recovery of Funds:** In the event of default, failure to complete the project, or violation of the terms of this grant by the Recipient, the NHHSR&L may institute such action as necessary to reduce, withdraw, or recover all or part of the project funds from the Recipient.

Exhibit 1

**Nebraska Department of Health and Human Services Regulation & Licensure
Public Health Screening for Low Income Women**

Recipient Reporting Requirements for FY 2007*

Report	Date Due	A. DATES SUBMITTED	Period Covered
Monthly report of low income women having pap smear, with medical record ID for each woman	The 15 th of the month following the tests; beginning 8/15/06 for July 2006 tests		Previous month
Copy of monthly statement from cytology lab summary of pap smears minus those covered by other 3 rd party reimbursement	The 15 th of the month following the tests; beginning 8/15/06 for July 2006 tests		Previous month
Number of women screened for chlamydia/gonorrhea by age, with medical record ID, and the number with lab costs reimbursed or paid by another 3 rd party	The 15 th of the month following the tests; beginning 8/15/06 for July 2006 tests		Previous month
Number of women screened positive for Chlamydia/gonorrhea and number treated	The 15 th of the month following the tests; beginning 8/15/06 for July 2006 tests		Previous month
Number of partners treated for Chlamydia/gonorrhea	The 15 th of the month following the tests; beginning 8/15/06 for July 2006 tests		Previous month
Quarterly Program Report	October 15, 2006 January 15, 2006 April 15, 2006 August 15, 2006		The prior three full months
Quarterly expenditure reports	October 15, 2006 January 15, 2006 April 15, 2006 August 15, 2006		The prior three full months

*Reporting forms with instructions will be provided to Recipients post-award.

EXHIBIT 2

Program Specific Requirements

I. Compliance with Legislative Requirements

Recipient agrees to use funds for only those purposes stipulated in Legislative Bill 425, 2005, Section 118, Agency No. 26 – Department of Health and Human Services Finance and Support, Program No. 514 – Health Aid, and shall use none of the funds provided under this Grant to perform or facilitate the performance of abortion or to counsel or refer for abortion.

II. Reimbursement

- A. Reduction in Funding. In the event the NHHSR&L experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly, and the Recipient may be required to reduce project activities.
- B. Reservation of Right. The NHHSR&L reserves the right to the following provisions:
 - 1. To reallocate funds among recipients as needed to insure service to the greatest number of individuals in need.
 - 2. To either terminate or curtail all or part of the activities of the Recipient in order to best utilize available funding in the event that all or part of the state funds are terminated, suspended, not released, or otherwise not forthcoming.
 - 3. To suspend the Recipient's authority to obligate funds provided by the NHHSR&L pursuant to this Grant pending corrective action by the Recipient or a decision to terminate this Grant.
 - 4. To terminate immediately this Grant, in whole or in part, when funding is terminated, suspended, not released or otherwise forthcoming.

Exhibit 3

Nebraska Health and Human Services System Administrative and Audit Guidance

To recipients of state funds and subrecipients of federal funds: *An **independent certified public accountant (CPA)** licensed to practice in the state of Nebraska must prepare and issue **all types of reports**, i.e. review, audit or A-133 reports. **Audit or A-133 reports** for governmental organizations and not-for-profit organizations who receive federal payments are to be **prepared in accordance with Government Auditing Standards** as promulgated by the Comptroller General of the United States.*

Types of Organizations	Federal Authority	Cost Principles	YEAR-END FINANCIAL REPORTING Type of Report by Payment Threshold
Not-for-profit organizations	45 CFR Part 74	A-122	<ul style="list-style-type: none">▪ If state and federal payments from NHHSS are <i>less than \$75,000</i>, a <u>review report</u> is needed.▪ If state and federal payments from NHHSS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed.▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.
College or University	45 CFR Part 74	A-21	<ul style="list-style-type: none">▪ If state and federal payments from NHHSS are <i>less than \$75,000</i>, a <u>review report</u> is needed.▪ If state and federal payments from NHHSS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed.▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.
State, Local or Tribal Government	45 CFR Part 92	A-87	<ul style="list-style-type: none">▪ If state and federal payments from NHHSS are <i>less than \$75,000</i>, a <u>review report</u> is needed.▪ If state and federal payments from NHHSS are <i>\$75,000 or greater</i>, an <u>audit report</u> is needed.▪ If federal payments from all sources are <i>\$500,000 or greater</i>, <u>A-133 report</u> is needed.

AUDIT REQUIREMENT CERTIFICATION
NEBRASKA HEALTH AND HUMAN SERVICES FINANCE & SUPPORT

Applicants receiving federal funds, directly or indirectly, must complete this certification. In Part I, **select either #1 or #2** as relevant to the applicant. An individual authorized by the applicant must **sign the Certification** in Part II. The Office of Management and Budget (OMB) Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" is referenced in this document as "OMB Circular A-133".

Applicant _____

NAME OF GRANT _____ CFDA* # _____

FTIN** _____

Applicant's Fiscal Year _____, 20____ to _____ 20____

* Catalog of Federal Domestic Assistance

** Federal Tax Identification Number

PART I

#1. [] As the applicant named above, *we will expend less than \$500,000* (for fiscal years ending after December 31, 2003) from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. **Therefore, we are not subject to the audit requirements of OMB Circular A-133.**

We are, however, responsible for engaging a Certified Public Accountant (CPA) licensed to practice in Nebraska to conduct and prepare either, a review or audit of our organization's financial statements and a report issued by the CPA. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the Nebraska Health and Human Services Finance and Support address as shown at the end of Part I.

#2. [] As the applicant named above, *we will expend \$500,000 or more* (for fiscal years ending after December 31, 2003) from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. **Therefore we are subject to the single audit requirements of OMB Circular A-133.**

We will engage a certified public accountant (CPA) licensed to practice in Nebraska to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year. **(#2 continued on next page)**

(#2 Continued)

We further acknowledge, that a single audit performed in accordance with OMB A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed, must contain:

- *The recipient/subrecipient's financial statements,*
- *a schedule of Expenditure of Federal Awards,*
- *a Summary Schedule of Prior Audit Findings (if applicable),*
- *a corrective action plan (if applicable) and*
- *the auditor's report(s) which includes an opinion on this recipient/subrecipient's financial statements and Schedule of Expenditures of Federal Awards, a report on this recipient/subrecipient's internal control, a report on this recipient/subrecipient's compliance, and a Schedule of Findings and Questioned Costs.*

We further acknowledge that the auditor and this recipient/subrecipient must complete and submit with the reporting package a Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations (SF-SAC).

We further acknowledge that a copy of this recipient/subrecipient's financial statements, auditor's report and SF-SAC must be submitted to Nebraska Health and Human Services Finance and Support and the Federal Audit Clearinghouse simultaneously. See the Federal Audit Clearinghouse webpage for its submission requirements:

<http://harvester.census.gov/sac/>

For NHHSR&L, send the audit to:

*Nebraska Health and Human Services Finance and Support
Financial Services Division - Grants and Cost Management
P.O. Box 95026
Lincoln, NE 68509-5026*

PART II

An individual authorized by the applicant must sign this Audit Certification:

I hereby certify the information furnished is correct to the best of my knowledge and belief and this subrecipient will comply with the requirements as stated in this certification.

Name and Title of Authorized Individual
(please print legibly or type)

Organization

Signature

Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/subgrantee certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

Signature of authorized official signing on
behalf of applicant/subgrantee

Date

Organization

INSTRUCTIONS
FOR
CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

1. By signing and submitting the proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the NHHSR&L or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION**

LOWER TIER COVERED TRANSACTIONS

Before completing certification, read instructions on the previous pages.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Organization

Signature

Date

INSTRUCTIONS
FOR
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free workplace Act.
3. For grantees other than individuals, Alternate I. applies.
4. For grantees who are individuals, Alternate II. applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplaces(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the changes(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantee's attention is called in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. § 812) and as further defined by regulation (21 C.F.R. § 1308.11 through §1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant. Including: (i) All direct charge employees; (ii) all indirect charge employees unless their

impact or involvement is insignificant to the performance of the grant; and (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include worker not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
Alternate I. (Grantees Other Than Individuals)

<i>Before completing certification, read instructions on the previous pages.</i>
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1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing an ongoing drug-free awareness program to inform employees about –
 - (i) The dangers of drug abuse in the workplace;
 - (ii) The grantee's policy of maintaining a drug-free workplace;
 - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 - (i) Abide by the terms of the statement; and
 - (ii) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;
 - e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph d.(ii) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph d.(ii), with respect to any employee who is so convicted—
 - (i) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended, or
 - (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

- 2. *The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:*

Place of Performance (street address, city, county, state, zip code)

[] Check if there are workplaces on file that are not identified here.

Name and Title of Authorized Representative (Print)

Organization

Signature

Date

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

Alternate II. (Grantees Who Are Individuals)

1. The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant;
2. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

Name (Print)

Signature

Date